Towards Patient-Centered Documentation

Siew Hong Lam, M.D., Val Haws, R.N.,Gay Anderton, R.N.,
Marie Prothero,R.N., Steve Renshaw, M.S.
Utah County Hospitals, Intermountain Health Care, Inc.

Utah Valley Regional Medical Center and American Fork Hospital are part of the Intermountain Health Care (Inc.) hospital system. Both hospitals have installed the HELP system in the last two years. The HELP system is a clinical hospital information system which integrates and manages patient data throughout the hospital. Modules exist within the HELP system for each clinical discipline. For example, the respiratory therapy module provides the respiratory therapist a means to chart care given to the patient as well as print reports on patients. Similarly, the pharmacy module allows for the scheduling and charting of medications. As we move towards a multi-disciplinary care team approach, we find that the modules within the HELP system do not lend themselves well to a multi-disciplinary approach to documenting care. In the previously used traditional paper-based system, a multi-disciplinary flow sheet was used by all the care providers to document care. In the HELP system, each care giver was documenting in only his or her own HELP module. This led to problems of incomplete documentation and reporting. When nurses attempt to record care more completely by documenting in multiple modules, for instance, in the respiratory care module, unfamiliarity with the modules of other disciplines led to inconsistancies in documentation. This problem was further compounded by the fact that even within modules, charting was not centered around the workflow. For example, the nursing documentation module was divided into assessment, patient problem, events identification and nursing intervention. The assessment part contained sections for documenting physical findings by organ system, for instance, cardiovascular findings are documented in a different section from that for gastrointestinal findings. Such divisions are unrealistic as a clinical problem usually involves multiple systems and therefore the nurse is required to traverse a multitude of screens in order to complete the documentation.

To address the various problems, our clinical information management team implemented a system of charting that was focused around the patient as well as the work flow of the care provider. Working with the multi-disciplinary care team, standards of documentation were established. These standards were based on patient problems and events and encompassed the multi-disciplinary approach. For example, in pregnancy-induced hypertension, it was determined that the initial assessment of the patient was IV Check, IV Intake, Oral Intake, Vital Signs, Neurological Assessment, Pain Assessment, Reflexes, Edema, Urine Protein and Urine Output. Subsequent to the initial assessment there would be other lists for on-going care. Once the standards of documentation were established, we grouped the documentation activities by workflow. For example, in the initial assessment list for pregnancy-induced hypertension, IV check, IV intake, Oral intake and Vital signs would be group together as they are often performed together. Similarly, the Neurological Assessment, Pain Assessment, Reflexes, and Edema would be grouped together.

Once we were able to group these documentation activities, we then implemented these as lists within the HELP system. These lists essentially congregated various elements of documentation from the various HELP modules within a single list. Hence, in a list, we can have elements from the Respiratory Therapy, Pharmacy and Nurse Documentation modules. Documentation would then be centered around the patient's problem rather than by individual HELP modules. Also, these lists would essentially reflect both the standards as well as the workflow of the multi-disciplinary care team.

On the HELP system, these lists will be stored as profile frames. We have developed a profile display moldule on the HELP system that builds each list dynamically in real-time. The display module also has the capability to link profile frames together to form more complex lists.

Results and feedback from testing of this system of documentation have been very positive, and the system is targeted to be implemented in June, 1996. This poster will outline our process of arriving at the standards of care, the subsequent grouping of documentation activities according to workflow and our computerized implementation on the HELP system.

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